



Administrative Policies and Procedures: 14.21

Subject:	Screening, Assignment, and Tasks for Drug Exposed Children		
Authority:	TCA 37-1-401 et seq.; 37-5-105 (3); 37-5-106;		
Standards:	DCS Practice Standards: 5-200; 11-100; 11-101; 11-102; 11-103; 11-300A;11-301A		
Application:	All Department of Children’s Services Child Protective Services, Central Intake, and Special Investigations Unit Employees		
Policy Statement:			
The Department of Children’s Services shall intervene and respond timely to drug exposed children with the appropriate screening and assignment of referrals, investigation, intervention and classification decisions.			
Purpose:			
To provide guidelines for Central Intake and CPS staff to assess safety and make timely and appropriate decisions for the cases involving allegations of drug exposed children.			
Procedures:			
A. Criteria for assignment as an investigation	<p>Children under age 2 years that meet any of the below criteria will be screened-in as an investigation and receive a <u>Priority 1 Response</u>. However, if the child is deemed safe and not in the care of the alleged perpetrator, the priority may be downgraded to a <u>Priority 2 Response</u>. This assignment may also pertain to children 2 years of age and older whose parent/caretaker’s ability to care for the child is impacted and there is presence of the circumstances listed below where the child:</p> <ol style="list-style-type: none">1. Has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen by mother or infant.2. Has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes, but is not limited to the following situations:<ol style="list-style-type: none">a) Drugs or chemical substances administered to or given to children.b) Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present is always considered severe abuse).c) Infants born dependent on legally prescribed or illegally obtained drugs		

	<p>used by the mother during her pregnancy.</p> <p>d) The condition known as <i>Neonatal Abstinence Syndrome</i> (NAS) which is reported by the health care provider at the facility where NAS is diagnosed. (Refer to glossary for NAS definition).</p> <p>3. Has parents/caretakers who have a positive drug screen; manufacture drugs or chemical substances; have admitted to the use of an illegal drug or non-prescribed medication or misuses prescribed medication or chemical substances.</p>
B. Criteria for assignment as an assessment	<p>Children 2 years of age and older who have been exposed to a drug or chemical substance and meet the below criteria:</p> <ol style="list-style-type: none"> 1. Have parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances does not impair the parent/caretaker's ability to meet child-care responsibilities. 2. The children do not live in the environment where the drugs are used or manufactured, and the parents appear to meet child care responsibilities.
C. Considerations for classifying drug exposed investigation cases	<ol style="list-style-type: none"> 1. <u>Drug exposed Child (Investigation):</u> (The information below will be considered along with other information gathered during the investigation when determining classification). This allegation may pertain to children of any age and <u>ALL</u> children under age 2 who/whose: <ol style="list-style-type: none"> a) Has been exposed to a drug or chemical substance (<i>i.e.</i>, alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances, <i>etc.</i>), as verified by a positive drug screen by mother or infant. b) Has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes, but is not limited to the following situations: <ul style="list-style-type: none"> ◆ Illegal or non-prescribed drugs or chemical substances are administered to or given to children; ◆ Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present is always considered severe abuse). ◆ Parents/caretakers of children who have a positive drug screen; manufacture drugs or chemical substances; or have admitted to the use of an illegal drug or non-prescribed medication or chemical substance; or misuses prescribed medication or chemical substances.

	<ul style="list-style-type: none"> ♦ Infant born dependent on illegally obtained drugs used by the mother during her pregnancy. ♦ Infant born dependent on legally prescribed medication and the mother is suspected of abusing or misusing the medication. ♦ The condition known as <i>Neonatal Abstinence Syndrome</i> (NAS) which is reported by the health care provider at the facility where NAS is diagnosed. <p>2. If a mother is taking legally prescribed medication but is suspected of misusing or abusing the medication, the case worker will:</p> <ul style="list-style-type: none"> a) Follow up with the mother's health care provider regarding the possible abuse/misuse to determine if the medication is being taken as prescribed and to share concerns of the mother's behavior while on the medication. This contact should also be to gain more knowledge about the medication and its effects. b) Conduct a pill-count to ensure that the medication is being taken appropriately. c) Contact the referent and other collaterals to determine if mother is able to meet child care responsibilities. <p>Note: Central Intake will screen based on available information at the time of the referral. All additional information, test results, and materials gathered through the investigation must be considered in the determination of the case classification.</p>
D. Considerations for classifying drug exposed assessment cases	<p>This allegation pertains to children 2 years and over who have parents/caretakers:</p> <ul style="list-style-type: none"> 1. Who have a positive drug screen; 2. Admit to the use of illegal drugs or non-prescribed medication, or 3. Who misuse prescribed medication or chemical substances; <p>BUT the children do not live in the environment where the drugs are used or manufactured, AND the parents appear to meet child care responsibilities.</p>
E. Referrals of Neonatal Abstinence Syndrome (NAS)	<ul style="list-style-type: none"> 1. If an infant is born with symptoms related to Neonatal Abstinence Syndrome (NAS) the case worker will assist in referring the mother to a facility or health care provider for her treatment. The case worker must assure the infant diagnosed with NAS is referred to a health care provider for medical care and is safe in the home environment. If the caretaker does not agree with the recommendations of the medical professionals, DCS legal will be consulted. 2. If CPS is involved with a family and is concerned that a pregnant mother is dependent on a drug that may cause a child to be born with symptoms related to NAS, CPS will assist in referring the mother to a facility or health care provider to assist in treating the mother and minimizing the risk to the unborn child.

F. Working Methamphetamine Cases	<p>If an infant or child is suspected to have been exposed to Methamphetamine or the manufacturing of methamphetamine, the case worker must refer to <u>Work Aid 4 - Protocol for CPS Investigations Involving Methamphetamines</u>.</p>
G. Tasks to be completed	<ol style="list-style-type: none"> 1. Required: <ol style="list-style-type: none"> a) Review DCS History. b) Contact referent and send referent notification letter. c) Interview/observe child victim(s). d) Interview and assess risk to other children in the home. e) Visit home or location of incident (unless there is good cause to believe that the home contains facilities for the manufacturing of methamphetamines). f) Photograph location of incident and any materials used to cause the risk/harm if applicable. g) Interview parent/caregiver or obtain interview from law enforcement. h) Conduct drug testing, as needed, of parent/caregiver. i) Interview other adults living in the home. j) Obtain medical exam and/or treatment for the alleged victim as needed (Note: In cases where exposure to methamphetamines is suspected, refer to <u>Work Aid 4 - Protocol for CPS Investigations Involving Methamphetamines</u>, as ALL children require medical evaluations). k) Obtain drug screen result (of child that may have ingested or may have been administered drugs or chemical substances). l) Refer pregnant mothers who are dependent on legally prescribed or illegally obtained drugs to a facility or health care provider to minimize the likelihood of the baby being born with neonatal abstinence syndrome. m) Interview perpetrator or obtain interview from law enforcement. n) Interview witnesses, collaterals, other professionals or agencies. o) Complete background checks. p) Complete Structured Decision Making (SDM) or other assessments as appropriate. 2. Recommended: <ol style="list-style-type: none"> a) Refer for psychological evaluation of children or parents/caretakers as applicable. b) Consult with Well-Being Unit. c) Take additional photographs, as appropriate. d) Obtain medical records (previous and current).

	<p>e) Conduct other records checks (educational, mental health community/social services agency).</p> <p>f) Refer parent for alcohol and drug assessment if applicable.</p> <p>Refer to DCS policies 14.7 Child Protective Services Investigation Track, 14.26 Child Protective Services Assessment Track, and Work Aid- 3 – Child Protective Services Investigative Tasks and Activities for additional tasks and activities that apply to all CPS Investigation and CPS Assessment cases.</p>
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Forms:	CS-0680, Child Protective Services Intake CS-0824, Native American Heritage Veto Verification
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Collateral documents:	Work Aid- 3 – Child Protective Services Investigative Tasks and Activities Work Aid 4 - Protocol for CPS Investigations Involving Methamphetamines
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Glossary:	
Terms	Definitions
Neonatal Abstinence Syndrome (NAS):	<p>Neonatal Abstinence Syndrome is a condition in which a baby has withdrawal symptoms after being exposed to certain substances. Many times, the baby is exposed when the mother uses substances such as medications or illicit drugs during pregnancy and after the baby is born (and separated from the mother's body), the baby goes through withdrawal because it is no longer receiving the substances. Less commonly, very sick babies may receive medications after birth to help control pain or agitation, and once those medications are stopped, the baby may go through withdrawal.</p> <p>The kinds of medications that may cause withdrawal include those known as opioids (painkillers) or benzodiazepines (which help with anxiety or sleep). Illicit drugs such as cocaine may also cause withdrawal. Withdrawal can occur when a mother is using a medication as prescribed, such as a mother who is receiving treatment for pain or addiction; when a mother is using a prescription medication inappropriately (such as when she uses too much of a medication, takes the medication too often, or takes someone else's prescription); or when a mother is using an illegal drug. (Reference Tennessee Department of Health: http://health.state.tn.us/MCH/NAS/index.shtml)</p>
Social Services Management System (SSMS):	One of the legacy child welfare data systems prior to the current <i>Tennessee Family and Child Tracking System (TFACTS)</i> system/database.